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Effective on 1989,000 per pursuant to the Consolidated Appropriations Act, 2005 (AR. 4818).  FEE TRANSMITTAL FOR FY 2005  Application sumal entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 1,020,000  Application sumal entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT (\$) 1,020,000  Attorney Decket No. 136922000503  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  X Deposit Account Copposit Account Number 03-1952 Deposit Nu	اسا			U.S. Pate	Appoint and Traden	roved for use through	h 7/31/2006. OMB 0651-003:			
FEE TRANSMITTAL FOR FY 2005  Application Number FEE TRANSMITTAL FOR FY 2005  Application Status. See 37 CFR 1.27  Application Number First Named Inventor Examiner Name B. Lanier  Application Status. See 37 CFR 1.27  Art Unit  136922000503  METHOD OF PAYMENT (she ck all that apply)  Check Credit Card Money Order None Other (please identify):    Deposit Account Deposit Account Number 03-1952 Deposit Account Name (she provided to charge fee(s) indicated below   Charge fee(s) indicated below	Under the Pa	perwork Reduction Act of 19	995, no person are required to		tion of informat	tion unless it displays	s a valid OMB control number			
FEE TRANSMITTAL For FY 2005  Applicant claims small entity status. See 37 CFR 1.27  Art Unit 2132  TOTAL AMOUNT OF PAYMENT (\$) 1,020.00 Attorney Docket No. 136922000503  METHOD OF PAYMENT (check all that apply)  Check Credit Card Money Order None Other (please identify):  X Deposit Account to popals Account have Morrison & Foerster LLP  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  X Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Application Type Fee (\$) Fee (	RIK			00/005-045			<u>'n</u>			
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Nomination   Proposit Account   Deposit Account   Number 03-1952   Deposit Account   Name   Morrison & Foerster LLP	METHOD OF	PAYMENT (check a	ll that apply)			_				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    X   Charge fee(s) indicated below	Check	Credit Card	Money Order No	ne Other	(please iden	tify):				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee										
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Utility   300   150   500   250   200   100   0.00	Application T	vpe Fee (\$)					Fees Paid (\$)			
Design   200   100   100   50   130   65   0.00										
Plant	1	7.77				Ť.				
Reissue   300   150   500   250   600   300   0.00										
Provisional   200   100   0   0   0   0   0   0   0   0										
Signature   Sign										
Fee (\$)   Fee (\$)			100 0	Ū	U	V				
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$) Multiple Dependent Claims  12 -20 = 0 x 50.00 = 0.00  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  360.00 0.00  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  2 -3 = 0 x 200.00 = 0.00  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof received additional 50 or fraction thereof sheets of the part of each additional 50 or fraction thereof sheets of the part of each additional 50 or fraction thereof sheets of the part of each additional 50 or fraction thereof sheets of the part of each additional 50 or fraction thereof sheets of the part of each additional 50 or fraction thereof sheets of paper (count up to a whole number) x = 0.00  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00  SUBMITTED BY  Signature			•							
Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims    Extra Claims   Fee (\$)   Fee Pald (\$)   Multiple Dependent Claims			es)							
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims   Fee (\$)   50.00   = .0.00   .0.00	, , ,									
12 -20 = 0 x 50.00 = . 0.00  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  2 -3 = 0 x 200.00 = 0.00  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 (round up to a whole number) x = 0.00  4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00										
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Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1253 Extension for response within third month  SUBMITTED BY  Signature  Registration No. (Attorney/Agent)  Registration No. (Attorney/Agent)  33,003 Telephone (650) 813-5850		100 =	/50	(round up to a wh	ole number)	x=				
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Signature Registration No. (Attorney/Agent) 33,003 Telephone (650) 813-5850	SUBMITTED BY									
No and Market Market (Market Market)	Signature	200	KINGAA	Registration No.	33,003	Telephone	(650) 813-5850			
	Name (Print/Type)	Norman R. Klivans	1 CON WAR	(Attorney/Agent)		Date	March 28, 2005			

PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PETITION FOR EXTENSION (Fees pursuant to the Consoli	of information unless if displays a valid OMB control number (Optional) 136922000503			
Application Number	09/965,34	Filed S	September 26, 2001	
For METHOD FOR MOD PULSE (AS AMENDE	FYING A COPY PROTED)	FECTED VIDEO SIG	SNAL WITH A NEC	GATIVE AMPLITUDE
Art Unit 2132			Examiner	B. Lanier
This is a request under the p dentified application.			_	
The requested extension and	l fee are as follows (ch	eck time period des	ired and enter the	appropriate fee below):
One month (37 6	CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity F	<u>ee</u> \$
Two months (37	CFR 1.17(a)(2))	\$450	\$225	\$
X Three months (3	X Three months (37 CFR 1.17(a)(3))		\$510	\$ 1,020.00
Four months (37	CFR 1.17(a)(4))	<b>\$1</b> 590	\$795	\$
Five months (37	CFR 1.17(a)(5))	<b>\$2160</b>	\$1080	\$
A check in the amount Payment by credit car The Director has alrea X The Director is hereby		i. attached. charge fees in this a any fees which may	be required, or cre	edit any overpayment, to
Deposit Account Num	ber <u>03-1952</u>		m (PTO/SB/17) is	y of this sheet. Fee attached to this
I am the application	ant/inventor.			
	ee of record of the ent atement under 37 CFR			96).
x attorne	ey or agent of record.	Registration Numbe	r <u>33,003</u>	
	ey or agent under 37 C stration number if acting (			
~ ~	Kliva	un A	Ma	rch 28, 2005
NI NI	Signature orman R. Klivans	$\Lambda_{\ell}$ ,	(65	Date 0) 813-5850
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forms are submitted.